2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24602

Name:

Address:

City-St-Zip:

600 E DIXIE AVE

LEESBURG, FL 34748

FILED Feb 22, 2007 Secretary of State

Entity Name: LRMC HOME HEALTH SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: 600 E. DIXIE AVENUE LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** 600 E. DIXIE AVENUE LEESBURG, FL 34748 FEI Number: 59-2755276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAUTHEN, WILLIAM H ESQ. BRAUN, PHILLIP ESQ. 600 EAST DIXIE AVENUE 215 NORTH JOANNA AVENUE TAVARES, FL 32778 LEESBURG, FL 34748 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: PHILLIP BRAUN 02/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BINNEVELD, WILLIAM J Name: Name: 2122 PARK HOLLAND ROAD Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: Title: () Delete () Change () Addition SUSTARSIC, DAVID L MD Name: Name: Address: 601 E DIXIE AVE STE 805 Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: () Delete Title: (X) Change () Addition BELIVEAU, GREGORY A Name: BRANDEBURG, JOHN D Name: 2001 OLD U.S. HIGHWAY 441, SUITE 1 39524 WOODGATE LANE Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: LEESBURG, FL 34748 Title: Title: (X) Change () Addition () Delete Name: BRANDEBURG, JOHN D Name: BRANDEBURG, JOHN D Address: 05330 MAGNOLIA RIDGE ROAD Address: 39524 WOODGATE LANE City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: LEESBURG, FL 34748 Title: **PCEO** () Delete Title: () Change () Addition BREMER, LOUIS H JR Name: Name: 600 EAST DIXIE AVENUE Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: () Delete Title: (X) Change () Addition HACKING, DALE E HOCKING, DALE E

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

600 E DIXIE AVE

LEESBURG, FL 34748

SIGNATURE: DH AS 02/22/2007